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<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4810).</i>		<i>Complete if Known</i>	
FEE TRANSMITTAL For FY 2009		Application Number	10/568,215-Conf. #8128
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 28, 2006
		First Named Inventor	Mary Lopez
		Examiner Name	B. Shen
		Art Unit	1657
TOTAL AMOUNT OF PAYMENT	(\$ 1,300.00)	Attorney Docket No.	NEN-22502/16

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account		Deposit Account Number: 07-1180		Deposit Account Name: Gifford, Krass, Sprinkle, Anderson & Cikowski, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 or HP	x	=			
HP = highest number of total claims paid for, if greater than 20.					

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
- 3 or HP	x	=		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50 =	(round up to a whole number) x	=	<u>Fees Paid (\$)</u>

4. OTHER FEE(S)	
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1252 Extension for response within second month 1801 Request for continued examination (RCE) (see 37 ...)	490.00 810.00

SUBMITTED BY			
Signature	/Avery N. Goldstein, Ph.D./	Registration No. (Attorney/Agent)	39,204
Name (Print/Type)	Avery N. Goldstein, Ph.D.	Date	December 29, 2008